CPA Certificate Experience Verification Connecticut State Board of Accountancy Form SBA-12 (Main Form)	1. Applicant's full name:
(Rev.7/01)	Dates of experience: From / To / /
	Amount of time claimed: weeks
2. Employer information: A. Firm name and address:	B. Supervisor's name. (Name of the qualified individual verifying experience and completing this form.)
	Certificate No(Or CT PA Lic. No.)
Telephone: ( )	Jurisdiction where certificate was issued:
	Date certificate was issued://
3. Type of experience (check one):	
Initial Certificate Applicant	Reciprocal CPA Certificate Applicant
Public Accounting	Public Accounting
Non-Public Accounting	Non-Public Accounting
	Five year's practice of public accountancy in

## Note:

• For Non-Public Accounting Experience do not complete, Section 4, instead attach a detailed chronological listing of audit engagements, detailing the nature of the audit performed and the audit procedures performed by the applicant. A statement concerning the independence of the unit in which the applicant worked is also required.

the immediately previous Ten years.

• For reciprocal applicants having five years of practice in public accountancy verified, a qualified supervisor or partner may complete Section 4. A reciprocal applicant may also verify sole practitioner practice by attaching three letters of reference from clients or former clients detailing a total of five years of practice in public accountancy.

## **CPA Certificate Experience Verification**

## 4. Nature of Public Accounting Experience (provide percentage of time in each category and list industries)

•	Application of generally accepted accounting principles and the application of one or more of the following generally accepted auditing standards, standards of accounting and review services; and standards for accountants' services on prospective financial information, financial forecasts and projections.		
	List the industries involved in the engagements: (I.e. manufacturing, retail, etc.)		
			%
•	Financial statement preparation from the books of accoreturns; performance of other related services requiring principles; tax related activities; review of financial pro-	a knowledge of generally accepted acce	ounting
	List the industries involved in the engagements: (I.e. manufacturing, retail, etc.)		
			%
•	Preparation of books of original entry, preparation of pa Sales and similar tax returns, posting to subsidiary lea		%
•	Tax services		%
•	Design and installation of accounting, cost or other syst of auditing assignments; other management advisory		%
•	Checking or comparing reports and tax returns; other services for clients not included in bookkeeping services; filing tax/law services, administration.		%
•	Other services in the practice of public accounting not of	covered above	%
5.	Sign and date. Under penalties of perjury, I declare and affirm that the statement accompanying statements, are true, complete and correct.	<b>Total</b> s made in the foregoing certification, including	<b>100%</b> the
Sig	gnature:	Date:	